

**TRANSMISSION PROFILE SENDER'S
RESPONSE**

Return this page to:

Receiver Name: Missouri Division of Workers' Compensation**Receiver Identifier:** Receiver FEIN: 44-6000987 Receiver Postal Code: 65102-0058**Profile ID:** _____ **Description:** _____**SENDER SELECTIONS/INFORMATION:**

Master Trading Partner Information: _____

Name: _____ FEIN: _____

Sender Name: _____

Trading Partner Type: ☐ Jurisdiction ☐ Claims Admin ☐ Employer ☐ Service Bureau ☐ Other

Sender Identifier: Sender FEIN: _____ Sender Postal Code: _____

Transaction Information				Acknowledgment Information	
Transaction IAIABC/ANSI	Format	Release/Version	Projected Number per Trans	Mode	Level
148/148					
AK1/824					

TRANSMISSION FREQUENCY (*select only one from Receiver's options*):☐ Daily☐ Weekly ☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT☐ Monthly Day (1-31): _____☐ Quarterly Month(s): ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL
☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

Day (1-31): _____

☐ Annually Month(s): ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL
☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

Day (1-31): _____

☐ Other: _____**SELECTED MEDIA:** ☐ Electronic Mailbox ☐ Direct Connect: Web ☐ Direct Connect: FTP**ELECTRONIC MAILBOX INFORMATION:****Network:** _____

	TEST	PROD
Mailbox Acct ID:		
User ID:		
Message Class:		
File Type:		